DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
INDIAN HEALTH SERVICE

Refer to: MH

ALBUQUERQUE AREA INDIAN HEALTH SERVICE CIRCULAR NO. 2004-02

CULTURAL COMPETENCY POLICY

Sec.

1. **PURPOSE**. The purpose of this policy is to provide guidance for defining, developing, and implementing a systematic policy of cultural competency requirements for the Albuquerque Area Indian Health Service (AAIHS) as it applies to the day-to-day delivery of health services. Cultural competence builds understanding and trust that will open doors to relationships to improve health care to all the communities that AAIHS is responsible for. Cultural information may vary from clan to clan, location to location, family to family, tribe to tribe, culture to culture and from differing opinions and experiences.

2. **BACKGROUND.** Cultural competence is the ability of health care providers and health care organizations to understand and respond effectively to the cultural needs brought by patients to the health care encounter. As health care providers begin to treat a more diverse clientele, due to demographic shifts and changes, interest is increasing in culturally competent services that lead to improve outcomes, efficiency, and satisfaction. Many health care providers do not have clear guidance on how to prepare for, or respond to, culturally sensitive situations.

   This cultural competence policy will be a useful tool in the integration of knowledge, information, and data about individuals and groups of Native Americans of at least 20 distinct tribal communities and groups, including many tribal groups from the urban population. It will provide information relating to specific clinical standards, skills, service approaches, techniques, and marketing programs that match the individual's culture and increase the quality and appropriateness of health care and outcomes.

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It can be hypothesized that the more a health care plan is based on cultural competency, the greater the probability the goals of cost efficiency and quality services will be achieved.

3. **DEFINITIONS**

(a) ***Cultural Competence.*** Understanding, appreciating and being able to utilize culturally appropriate strategies in the delivery of healthcare to our patients. Cultural competence helps practitioners avoid stereotypes and biases that can undermine health care delivery efforts. It promotes a focus on the positive characteristics of a particular group, and instills activities with an appreciation of cultural differences. Cultural competence is defined in health care as the ability of individuals and systems to respond respectfully and effectively, by utilizing culturally relevant strategies with people in our specific area, in a manner that affirms the worth, enhances health and preserves the dignity of individuals, families, and communities.

(b) ***Competence***. Implies having the capacity to function effectively.

(c) ***Culture.*** Implies the integrated pattern of human behavior that includes thoughts, communications, actions, customs, beliefs, values, and institutions of a racial, ethnic, religious, or social group.

(d) ***Culturally Competent System of Care***. Acknowledges and incorporates at all levels the importance of culture, the assessment of cross-cultural relations, vigilance towards the dynamics that result from cultural differences, the expansion of cultural knowledge, and the adaptation of services to meet culturally-unique needs.

(e) ***Ethnic***. Belonging to a common group often linked by race, nationality, and language with a common cultural heritage and/or derivation.

(f) ***Race***. A socially defined population that derived from distinguishable physical characteristics that are genetically transmitted.

(g) ***Stereotype***. The notion that all people from a given group are the same.

4. **POLICY**. It shall be the policy for the AAIHS that cultural competency be implemented at all levels of the service delivery area. This can be accomplished by implementing policies, training, and orientation to the employee. The Chief Executive Officer will be responsible to ensure that service unit policies are developed at their respective service unit.

5. PLANNING & IMPLEMENTATION

A. ***Planning.*** Service units will need to address several areas in the process of integrating cultural competency for their facility. These areas encompass the following:

(1) Local cultural practices.

(2) Issues of historical context need to be part of the cultural competent service delivery model.

(3) Content as well as process must be delineated in the new culturally competent paradigm.

(4) Cultural competency must be cognizant of customer service and respect for internal as well as external customers of our service units.

(5) Administrative commitment will be imperative if the new paradigm is to be developed and implemented successfully.

(6) Development and implementation of the new paradigm should be driven in part by recent studies in this area. In addition, the culturally competent model must be subjected to evaluation and ongoing modification in accordance to the result of stringent evaluation process.

B. ***Implementation***. In developing the policy the service units should implement the following criteria:

(1) Require and arrange for annual training and orientation for administrative, clinical, and support staff in culturally competent service delivery.

(2) Determine the racially, ethnically, culturally and linguistically diverse groups within the service unit geographic area. Access the degree to which these groups are accessing services and the level of satisfaction with the services received.

(3) Conduct a cultural competence self-assessment. Use the self-assessment results to develop long-term plans, with measurable goals and objectives, strategies and fiscal resources.

(4) Conduct an assessment of staff to determine their perceived staff development needs that will enable them to provide services to our Indian people.

(5) Critical factors in the provision of culturally competent health care services should include an understanding of:

a. Beliefs, values, traditions, and practice of culture.

b. Culturally-defined, health–related needs of individuals, families, and communities.

c. Culturally-based belief systems of the etiology of illness and disease and those related to health and healing.

d. Attitudes toward seeking help from health care providers.

e. Health care providers must understand the beliefs that shape a person's approach to health and illness.

f. Knowledge of customs and healing traditions that are indispensable to the design of treatment and intervention.

6. **RESPONSIBILITIES.** A cultural competence system needs to be developed within each service unit that will address the specific level of competency of the staff. The cultural competency should be tailored to the specific needs of the community where the services are being delivered.

All employees working for AAIHS should have an understanding and knowledge of the following:

A. Have an understanding of some of the historical and current definitions of what an "Indian" is. What are stereotypes? Know the meaning of the community and individuals being served.

B. It is imperative that the notion of intergenerational trauma and its effects be understood. In addition, all staff should know how the intergenerational trauma has influenced the Native life-world. This type of trauma has had a profound effect on the cultural, spiritual, and psychological being of the people and communities we serve. It is critical that providers understand the correlates between present day diseases and intergenerational trauma. Providers must have an understanding of how this trauma contributes to present day morbidity rates.

C. All staff must have an understanding of the gender roles as they are played out in the day-to-day life-world of the communities and people they serve.

D. Providers must become aware of various culturally important aspects of practicing healing in our communities. This is especially critical in the area of cultural competency where a totally innocent omission may be iatrogenically disadvantageous to the patient.

E. Providers and staff should have knowledge about the definitions of healing and curing. These are differences that split the understanding between the patient and System of care. Most of our Native people understand a healing paradigm is based on a holistic world-view and understanding of the person as part of a community. In addition, providers must have at least a basic understanding of the importance of Spirituality in the life-world of the patient. This will facilitate a more wrap-around approach that is also culturally competent.

F. The provider needs to learn how to conceptualize the illness and treatment in a manner that is relevant to the patient. Medication errors will be reduced and regimens will be implemented by patients if the metaphor of their illness and treatment is understood within a culturally competent context.

7. **SUPERSEDURE**. None

8. **EFFECTIVE DATE**. This policy is effective upon date of signature and shall remain in effect until canceled or superceded.

James L. Toya, M.P.H.
Director, Albuquerque Area Indian Health Service